



MILWAUKEE CITY SERVICE COMMISSION
TRAINING AND EXPERIENCE QUESTIONNAIRE FOR

**SUBSTITUTE HANDICAPPED CHILDREN'S
ASSISTANT (MPS)**

Any format modification made to this document will result in immediate rejection

NAME _____

MAILING ADDRESS _____

DAY PHONE NUMBER (_____) _____

EVENING PHONE NUMBER (_____) _____

Best time to reach by phone: _____(AM/PM)

WE URGE YOU TO MAKE COPIES OF ALL APPLICATION MATERIALS YOU SUBMIT.

IMPORTANT: A resume is not a substitute for this questionnaire (you may attach a resume). This questionnaire constitutes an important part of your examination. The information provided is subject to verification with your employers and will be used to select the most qualified candidates. Be as detailed as you can about your training and about each job you have held. Credit will not be given for incomplete or incorrect information and will constitute justification for disqualification from consideration for this position or removal from a city position. Please type or use **BLACK INK** (required for reproduction purposes).

MAIL TO: City of Milwaukee Department of Employee Relations
Room 706, City Hall
200 East Wells Street
Milwaukee, WI 53202-3554

READ CAREFULLY BEFORE SIGNING: The answers to the questions on the attached pages are true and complete to the best of my knowledge. I understand that falsification of this form may result in disqualification or removal from a City position.

YOU MUST SIGN AND DATE THIS FORM.

SIGNATURE _____ DATE _____

Please apply only **IF** you meet the announced minimum requirements.

I. EDUCATION

- A. Do you hold an Associate Degree in Child Care Development? Yes No (circle one)

If so, from which academic institution? _____

Year of completion: _____

- B. Have you completed one year of college coursework? Yes No (circle one)

If so, from which academic institution? _____

Number of credits: _____

- C. Does a combination of your education and work experience (as described on the announcement sheet) equal one year? Yes No (circle one)

- D. List below any additional information concerning your education.

SCHOOL	CURRICULUM/COURSES	YEARS ATTENDED	CREDITS

- II. EXPERIENCE (Emphasize organized youth activities, such as Boy/Girl Scouts, Salvation Army, etc. care of handicapped youths, and experience in feeding, toileting and bathing individuals). List below all of your experience and youth activities. Begin with your most recent experience and work back. DO NOT list periods of unemployment. Experience driving a school bus or transporting handicapped individuals is not considered to be qualifying experience.

- A. Employer _____ Your Title _____

From _____ To _____ Total Months _____ Hours per week _____

Your Duties: _____

- B. Employer _____ Your Title _____
From _____ To _____ Total Months _____ Hours per week _____
Your Duties: _____

- C. Employer _____ Your Title _____
From _____ To _____ Total Months _____ Hours per week _____
Your Duties: _____

- D. Employer _____ Your Title _____
From _____ To _____ Total Months _____ Hours per week _____
Your Duties: _____

- E. Employer _____ Your Title _____
From _____ To _____ Total Months _____ Hours per week _____
Your Duties: _____

III. List below any information not recorded in either parts I or II which you feel is relevant to this position.

IV. CONVICTIONS— Please make sure that you list the details of offenses that you have been convicted of at the bottom of page 2 on the EMPLOYMENT APPLICATION.